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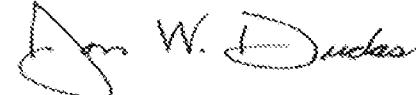
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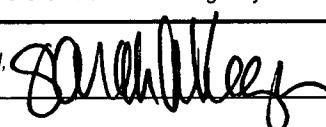
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TITLE OF THE INVENTION (500 characters max)		
Mutations of the PIK3CA Gene in Human Cancers		
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METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT		
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<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: NIH-CA43460; NIH-CA62924.		

[Page 1 of 2]

Respectfully submitted,  
SIGNATURE TYPED or PRINTED NAME Sarah A. KaganTELEPHONE 202.824.3161

Date

3/2/04

REGISTRATION NO.

32,141

(if appropriate)

Docket Number:

001107.00428

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<table border="1"><tr><td>Docket Number</td><td colspan="2">001107.00428</td></tr></table>			Docket Number	001107.00428	
Docket Number	001107.00428				
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[Page 2 of 2]

Number 2 of 2

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## MUTATIONS OF THE PIK3CA GENE IN HUMAN CANCERS

[01] This application was made using funds provided by the United States government under grant nos. NIH-CA 62924 and NIH-CA 43460. The United States government therefore retains certain rights in the invention.

### FIELD OF THE INVENTION

[02] The invention relates to the fields of diagnostic tests and therapeutic methods for cancer.

### BACKGROUND OF THE INVENTION

[03] PI3Ks are lipid kinases that function as signal transducers downstream of cell surface receptors and mediate pathways important for cell growth, proliferation, adhesion, survival and motility (1, 2). Although increased PI3K activity has been observed in many colorectal and other tumors (3, 4), no intragenic mutations of PI3K have been identified.

[04] Members of the PIK3 pathway have been previously reported to be altered in cancers, for example, the PTEN tumor suppressor gene (15, 16), whose function is to reverse the phosphorylation mediated by PI3Ks (17, 18). Reduplication or amplification of the chromosomal regions containing PIK3CA and AKT2 has been reported in some human cancers (2, 19, 20), but the genes that are the targets of such large-scale genetic events have not been and cannot easily be defined.

### BRIEF SUMMARY OF THE INVENTION

[05] In a first embodiment a method is provided for assessing cancer in a human tissue suspected of being cancerous of a patient. A non-synonymous,

intragenic mutation in a PIK3CA coding sequence is detected in a body sample of a human suspected of having a cancer. The human is identified as likely to have a cancer if a non-synonymous, intragenic mutation in PIK3CA coding sequence is determined in the body sample.

- [06] In a second embodiment of the invention a method is provided for inhibiting progression of a tumor in a human. An antisense oligonucleotide or antisense construct is administered to a tumor. The antisense oligonucleotide or RNA transcribed from the antisense construct is complementary to mRNA transcribed from PIK3CA. The amount of p110 $\alpha$  protein expressed by the tumor is thereby reduced.
- [07] Another embodiment of the invention provides a method of inhibiting progression of a tumor in a human. siRNA comprising 19 to 21 bp duplexes of a human PIK3CA mRNA with 2 nt 3' overhangs are administered to the human. One strand of the duplex comprises a contiguous sequence selected from mRNA transcribed from PIK3CA (SEQ ID NO: 2). The amount of p110 $\alpha$  protein expressed by the tumor is thereby reduced.
- [08] According to another aspect of the invention a method is provided for inhibiting progression of a tumor. A molecule comprising an antibody binding region is administered to a tumor. The antibody binding region specifically binds to PIK3CA (SEQ ID NO: 3).
- [09] Another embodiment of the invention provides a method of identifying candidate chemotherapeutic agents. A wild-type or activated mutant p110 $\alpha$  (SEQ ID NO: 3) is contacted with a test compound. p110 $\alpha$  activity is then measured. A test compound is identified as a candidate chemotherapeutic agent if it inhibits p110 $\alpha$  activity.
- [10] Still another embodiment of the invention is a method for delivering an appropriate chemotherapeutic drug to a patient in need thereof. A non-synonymous, intragenic mutation in a PIK3CA coding sequence (SEQ ID NO:

1) is determined in a test tissue of a patient. A p110 $\alpha$  inhibitor is administered to the patient.

[11] An additional aspect of the invention provides a set of one or more primers for amplifying and/or sequencing PIK3CA. The primers are selected from the group consisting of forward primers, reverse primers and sequencing primers. The forward primers are selected from the group consisting of: SEQ ID NO: 6 to 158; the reverse primers are selected from the group consisting of: SEQ ID NO: 159 to 310; and the sequencing primers are selected from the group consisting of: SEQ ID NO: 311 to 461.

BRIEF DESCRIPTION OF THE DRAWINGS

[12] Fig. 1. Detection of mutations in of PIK3CA. Representative examples of mutations in exons 9 and 20. In each case, the top sequence chromatogram was obtained from normal tissue and the three lower sequence chromatograms from the indicated tumors. Arrows indicate the location of missense mutations. The nucleotide and amino acid alterations are indicated above the arrow.

[13] Fig. 2. Distribution of mutations in PIK3CA. Arrows indicate the location of missense mutations, and boxes represent functional domains (p85BD, p85 binding domain; RBD, Ras binding domain; C2 domain; Helical domain; Kinase domain). The percentage of mutations detected within each region in cancers is indicated below.

[14] Figs. 3A-3C. Increased lipid kinase activity of mutant p110 $\alpha$ . NIH3T3 cells were transfected with empty vector or with vector constructs containing either wild-type p110 $\alpha$  or mutant p110 $\alpha$  (H1047R) as indicated above the lanes. Immunoprecipitations were performed either with control IgG or anti-p85 polyclonal antibodies. (Fig. 3A) Half of the immunoprecipitates were subjected to a PI3-kinase assay using phosphatidylinositol as a substrate. “PI3P” indicates the position of PI-3-phosphate determined with standard phosphatidyl markers and “Ori” indicates the origin. (Fig. 3B) The other half

of the immunoprecipitates was analyzed by western blotting with anti-p110 $\alpha$  antibody. (Fig. 3C) Cell lysates from transfected cells contained similar amounts of total protein as determined by western blotting using an anti- $\alpha$ -tubulin antibody. Identical results to those shown in this figure were observed in three independent transfection experiments.

#### DETAILED DESCRIPTION OF THE INVENTION

- [15] The clustering of mutations within PIK3CA make it an excellent marker for early detection or for following disease progression. Testing focused in the clustered regions will yield most of the mutant alleles.
- [16] The human PIK3CA coding sequence is reported in the literature and is shown in SEQ ID NO: 1. This is the sequence of one particular individual in the population of humans. Humans vary from one to another in their gene sequences. These variations are very minimal, sometimes occurring at a frequency of about 1 to 10 nucleotides per gene. Different forms of any particular gene exist within the human population. These different forms are called allelic variants. Allelic variants often do not change the amino acid sequence of the encoded protein; such variants are termed synonymous. Even if they do change the encoded amino acid (non-synonymous), the function of the protein is not typically affected. Such changes are evolutionarily or functionally neutral. When human PIK3CA is referred to in the present application all allelic variants are intended to be encompassed by the term. The sequence of SEQ ID NO: 1 is provided merely as a representative example of a wild-type human sequence. The invention is not limited to this single allelic form of PIK3CA. For purposes of determining a mutation, PIK3CA sequences determined in a test sample can be compared to a sequence determined in a different tissue of the human. A difference in the sequence in the two tissues indicates a somatic mutation. Alternatively, the sequence determined in a PIK3CA gene in a test sample can be compared to the sequence of SEQ ID NO: 1. A difference between the test sample

sequence and SEQ ID NO: 1 can be identified as a mutation. Tissues suspected of being cancerous can be tested, as can body samples that may be expected to contain sloughed-off cells from tumors or cells of cancers. Suitable body samples for testing include blood, serum, plasma, sputum, urine, stool, nipple aspirate, saliva, and cerebrospinal fluid.

- [17] Mutations in PIK3CA cluster in exons 9 (SEQ ID NO: 4) and 20 (SEQ ID NO: 5). Other mutations occur, but these two exons appear to be the hotspots for mutations. Many mutations occur in PIK3CA's helical domain (nt 1567-2124 of SEQ ID NO: 2) and in its kinase domain (nt 2095-3096 of SEQ ID NO: 2). Fewer occur in PIK3CA's P85BD domain (nt 103-335 of SEQ ID NO: 2). Mutations have been found in exons 1, 2, 4, 5, 7, 9, 13, 18, and 20. Any combination of these exons can be tested, optionally in conjunction with testing other exons. Testing for mutations can be done along the whole coding sequence or can be focused in the areas where mutations have been found to cluster. Particular hotspots of mutations occur at nucleotide positions 1624, 1633, 1636, and 3140 of PIK3CA coding sequence.
- [18] PIK3CA mutations have been found in a variety of different types of tumors. Thus any of a variety of tumors can be tested for PIK3CA mutations. These tissues include, without limitation: colorectal tissue, brain tissue, gastric tissue, breast tissue, and lung tissue.
- [19] Any type of intragenic mutation can be detected. These include substitution mutations, deletion mutations, and insertion mutations. The size of the mutations is likely to be small, on the order of from 1 to 3 nucleotides. Mutations which can be detected include, but are not limited to G1624A, G1633A, C1636A, A3140G, G113A, T1258C, G3129T, C3139T, and G2702T. Any combination of these mutations can be tested.
- [20] The mutations that are found in PIK3CA appear to be activating mutations. Thus therapeutic regimens involving inhibition of p110 $\alpha$  activity or expression can be used to inhibit progression of a tumor in a human.

Inhibitory molecules which can be used include antisense oligonucleotides or antisense constructs, a molecule comprising an antibody binding region, and siRNA molecules. Molecules comprising an antibody binding region can be full antibodies, single chain variable regions, antibody fragments, antibody conjugates, etc. The antibody binding regions may but need not bind to epitopes contained within the kinase domain (nt 2095-3096 of SEQ ID NO: 2) of PIK3CA, the helical domain (nt 1567-2124 of SEQ ID NO: 2) of PIK3CA, or the P85BD domain (nt 103-335 of SEQ ID NO: 2) of PIK3CA.

[21] Antisense constructs, antisense oligonucleotides, RNA interference constructs or siRNA duplex RNA molecules can be used to interfere with expression of PIK3CA. Typically at least 15, 17, 19, or 21 nucleotides of the complement of PIK3CA mRNA sequence are sufficient for an antisense molecule. Typically at least 19, 21, 22, or 23 nucleotides of PIK3CA are sufficient for an RNA interference molecule. Preferably an RNA interference molecule will have a 2 nucleotide 3' overhang. If the RNA interference molecule is expressed in a cell from a construct, for example from a hairpin molecule or from an inverted repeat of the desired PIK3CA sequence, then the endogenous cellular machinery will create the overhangs. siRNA molecules can be prepared by chemical synthesis, in vitro transcription, or digestion of long dsRNA by RNase III or Dicer. These can be introduced into cells by transfection, electroporation, or other methods known in the art. See Hannon, GJ, 2002, RNA Interference, *Nature* 418: 244-251; Bernstein E et al., 2002, The rest is silence. *RNA* 7: 1509-1521; Hutvagner G et al., RNAi: Nature abhors a double-strand. *Curr. Opin. Genetics & Development* 12: 225-232; Brummelkamp, 2002, A system for stable expression of short interfering RNAs in mammalian cells. *Science* 296: 550-553; Lee NS, Dohjima T, Bauer G, Li H, Li M-J, Ehsani A, Salvaterra P, and Rossi J. (2002). Expression of small interfering RNAs targeted against HIV-1 rev transcripts in human cells. *Nature Biotechnol.* 20:500-505; Miyagishi M, and Taira K. (2002). U6-promoter-driven siRNAs with four uridine 3' overhangs efficiently suppress

targeted gene expression in mammalian cells. *Nature Biotechnol.* **20**:497-500; Paddison PJ, Caudy AA, Bernstein E, Hannon GJ, and Conklin DS. (2002). Short hairpin RNAs (shRNAs) induce sequence-specific silencing in mammalian cells. *Genes & Dev.* **16**:948-958; Paul CP, Good PD, Winer I, and Engelke DR. (2002). Effective expression of small interfering RNA in human cells. *Nature Biotechnol.* **20**:505-508; Sui G, Soohoo C, Affar E-B, Gay F, Shi Y, Forrester WC, and Shi Y. (2002). A DNA vector-based RNAi technology to suppress gene expression in mammalian cells. *Proc. Natl. Acad. Sci. USA* **99**(6):5515-5520; Yu J-Y, DeRuiter SL, and Turner DL. (2002). RNA interference by expression of short-interfering RNAs and hairpin RNAs in mammalian cells. *Proc. Natl. Acad. Sci. USA* **99**(9):6047-6052.

- [22] Antisense or RNA interference molecules can be delivered *in vitro* to cells or *in vivo*, e.g., to tumors of a mammal. Typical delivery means known in the art can be used. For example, delivery to a tumor can be accomplished by intratumoral injections. Other modes of delivery can be used without limitation, including: intravenous, intramuscular, intraperitoneal, intraarterial, local delivery during surgery, endoscopic, subcutaneous, and *per os*. In a mouse model, the antisense or RNA interference can be administered to a tumor cell *in vitro*, and the tumor cell can be subsequently administered to a mouse. Vectors can be selected for desirable properties for any particular application. Vectors can be viral or plasmid. Adenoviral vectors are useful in this regard. Tissue-specific, cell-type specific, or otherwise regulatable promoters can be used to control the transcription of the inhibitory polynucleotide molecules. Non-viral carriers such as liposomes or nanospheres can also be used.
- [23] Using the p110 $\alpha$  protein according to the invention, one of ordinary skill in the art can readily generate antibodies which specifically bind to the proteins. Such antibodies can be monoclonal or polyclonal. They can be chimeric, humanized, or totally human. Any functional fragment or derivative of an

antibody can be used including Fab, Fab', Fab2, Fab'2, and single chain variable regions. So long as the fragment or derivative retains specificity of binding for the endothelial marker protein it can be used. Antibodies can be tested for specificity of binding by comparing binding to appropriate antigen to binding to irrelevant antigen or antigen mixture under a given set of conditions. If the antibody binds to the appropriate antigen at least 2, 5, 7, and preferably 10 times more than to irrelevant antigen or antigen mixture then it is considered to be specific.

[24] Techniques for making such partially to fully human antibodies are known in the art and any such techniques can be used. According to one particularly preferred embodiment, fully human antibody sequences are made in a transgenic mouse which has been engineered to express human heavy and light chain antibody genes. Multiple strains of such transgenic mice have been made which can produce different classes of antibodies. B cells from transgenic mice which are producing a desirable antibody can be fused to make hybridoma cell lines for continuous production of the desired antibody. See for example, Nina D. Russel, Jose R. F. Corvalan, Michael L. Gallo, C. Geoffrey Davis, Liise-Anne Pirofski. Production of Protective Human Antipneumococcal Antibodies by Transgenic Mice with Human Immunoglobulin Loci *Infection and Immunity* April 2000, p. 1820-1826; Michael L. Gallo, Vladimir E. Ivanov, Aya Jakobovits, and C. Geoffrey Davis. The human immunoglobulin loci introduced into mice: V (D) and J gene segment usage similar to that of adult humans *European Journal of Immunology* 30: 534-540, 2000; Larry L. Green. Antibody engineering via genetic engineering of the mouse: XenoMouse strains are a vehicle for the facile generation of therapeutic human monoclonal antibodies *Journal of Immunological Methods* 231 11-23, 1999; Yang X-D, Corvalan JRF, Wang P, Roy CM-N and Davis CG. Fully Human Anti-interleukin-8 Monoclonal Antibodies: Potential Therapeutics for the Treatment of Inflammatory Disease States. *Journal of Leukocyte Biology* Vol. 66, pp401-410 (1999); Yang X-D,

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- [25] Antibodies can also be made using phage display techniques. Such techniques can be used to isolate an initial antibody or to generate variants with altered specificity or avidity characteristics. Single chain Fv can also be used as is convenient. They can be made from vaccinated transgenic mice, if desired. Antibodies can be produced in cell culture, in phage, or in various animals, including but not limited to cows, rabbits, goats, mice, rats, hamsters, guinea pigs, sheep, dogs, cats, monkeys, chimpanzees, apes.
- [26] Antibodies can be labeled with a detectable moiety such as a radioactive atom, a chromophore, a fluorophore, or the like. Such labeled antibodies can be used for diagnostic techniques, either *in vivo*, or in an isolated test sample.

Antibodies can also be conjugated, for example, to a pharmaceutical agent, such as chemotherapeutic drug or a toxin. They can be linked to a cytokine, to a ligand, to another antibody. Suitable agents for coupling to antibodies to achieve an anti-tumor effect include cytokines, such as interleukin 2 (IL-2) and Tumor Necrosis Factor (TNF); photosensitizers, for use in photodynamic therapy, including aluminum (III) phthalocyanine tetrasulfonate, hematoporphyrin, and phthalocyanine; radionuclides, such as iodine-131 ( $^{131}\text{I}$ ), yttrium-90 ( $^{90}\text{Y}$ ), bismuth-212 ( $^{212}\text{Bi}$ ), bismuth-213 ( $^{213}\text{Bi}$ ), technetium-99m ( $^{99\text{m}}\text{Tc}$ ), rhenium-186 ( $^{186}\text{Re}$ ), and rhenium-188 ( $^{188}\text{Re}$ ); antibiotics, such as doxorubicin, adriamycin, daunorubicin, methotrexate, daunomycin, neocarzinostatin, and carboplatin; bacterial, plant, and other toxins, such as diphtheria toxin, pseudomonas exotoxin A, staphylococcal enterotoxin A, abrin-A toxin, ricin A (deglycosylated ricin A and native ricin A), TGF-alpha toxin, cytotoxin from chinese cobra (*naja naja atra*), and gelonin (a plant toxin); ribosome inactivating proteins from plants, bacteria and fungi, such as restrictocin (a ribosome inactivating protein produced by *Aspergillus restrictus*), saporin (a ribosome inactivating protein from *Saponaria officinalis*), and RNase; tyrosine kinase inhibitors; ly207702 (a difluorinated purine nucleoside); liposomes containing antitumor agents (e.g., antisense oligonucleotides, plasmids which encode for toxins, methotrexate, etc.); and other antibodies or antibody fragments, such as F(ab).

- [27] Those of skill in the art will readily understand and be able to make such antibody derivatives, as they are well known in the art. The antibodies may be cytotoxic on their own, or they may be used to deliver cytotoxic agents to particular locations in the body. The antibodies can be administered to individuals in need thereof as a form of passive immunization.
- [28] Given the success of small molecule protein kinase inhibitors, one can develop specific or non-specific inhibitors of p110 $\alpha$  for treatment of the large number of patients with these mutations or cancers generally. It is clearly possible to develop broad-spectrum PI3K inhibitors, as documented by studies of

LY294002 and wortmannin (2, 21,22). Our data suggest that the development of more specific inhibitors that target p110 $\alpha$  but not other PI3Ks would be worthwhile.

- [29] Candidate chemotherapeutic agents can be identified as agents which inhibit p110 $\alpha$  activity or expression. Test compounds can be synthetic or naturally occurring. They can be previously identified to have physiological activity or not. Tests on candidate chemotherapeutic agents can be run in cell-free systems or in whole cells. p110 $\alpha$  activity can be tested by any means known in the art. These include methods taught in references 2, 22 and in Truitt et al., *J. Exp. Med.*, 179, 1071-1076 (1994). Expression can be monitored by determining PI3KCA protein or mRNA. Antibody methods such as western blotting can be used to determine protein. Northern blotting can be used to measure mRNA. Other methods can be used without limitation. When testing for chemotherapeutic agents, the p110 $\alpha$  used in the assay can be a wild-type or an activated form. The activated form may contain a substitution mutation selected from the group consisting of E542K, E545K, Q546K, and H1047R. Moreover, inhibitors can be tested to determine their specificity for either p110 $\alpha$  or an activated form of p110 $\alpha$ . Comparative tests can be run against similar enzymes including PIK3CB, PIK3CG, PIK3C2A, PIK3C2B, PIK3C2G, PIK3C3, A-TM, ATR, FRAP1, LAT1-3TM, SMG1, PRKDC, and TRRAP to determine the relative specificity for the p110 $\alpha$  enzyme.
- [30] Once a non-synonymous, intragenic mutation in a PIK3CA coding sequence is identified in a test tissue of a patient, that information can be used to make therapeutic decisions. Patients with such mutations are good candidates for therapy with a p110 $\alpha$  inhibitor. Such inhibitors can be specific or general for the family of inhibitors. Such inhibitors include LY294002 and wortmannin. Such inhibitors further include molecules comprising an antibody binding region specific for p110 $\alpha$ . Such molecules are discussed above.

- [31] Sets of primers for amplifying and/or sequencing PIK3CA can be provided in kits or assembled from components. Useful sets include pairs of forward and reverse primers optionally teamed with sequencing primers. The forward primers are shown in SEQ ID NO: 6 to 158. The reverse primers are shown in SEQ ID NO: 159 to 310. The sequencing primers are shown in : SEQ ID NO: 311 to 461. Pairs or triplets or combinations of these pairs or triplets can be packaged and used together to amplify and/or sequence parts of the PIK3CA gene. Pairs can be packaged in single or divided containers. Instructions for using the primers according to the methods of the present invention can be provided in any medium which is convenient, including paper, electronic, or a world-wide web address.
- [32] While the invention has been described with respect to specific examples including presently preferred modes of carrying out the invention, those skilled in the art will appreciate that there are numerous variations and permutations of the above described systems and techniques that fall within the spirit and scope of the invention as set forth in the appended claims.

#### EXAMPLES

Example 1—This example demonstrates that the PIK3CA gene is the predominant target of mutations in this gene family

- [33] To evaluate whether PI3Ks is genetically implicated in tumorigenesis, we directly examined the DNA sequences of members of this gene family in colorectal cancers.
- [34] PI3K catalytic subunits are divided into three major classes depending on their substrate specificity (5). Additionally, a set of more distantly related proteins, including members of the mTOR family, constitute a fourth class (6). We used Hidden Markov models to identify 15 human genes containing kinase domains related to those of known PI3Ks in the human genome (7). These

comprised seven PI3Ks, six members of the mTOR subfamily and two uncharacterized PI3K-like genes (Table 1).

**Table 1. PI3K genes analyzed**

Gene name	Celera Accession	Genbank Accession	Alternate names	Group*
<i>PIK3CA</i>	hCT1640694	NM_006218	p110-alpha	Class IA
<i>PIK3CB</i>	hCT7084	NM_006219	PIK3C1, p110-beta	Class IA
<i>PIK3CD</i>	hCT2292011	NM_005026	p110-delta	Class IA
<i>PIK3CG</i>	hCT7976	NM_002649	PI3CG, PI3K-gamma	Class IB
<i>PIK3C2A</i>	hCT2270768	NM_002645	CPK, PI3K-C2A, PI3K-C2alpha	Class II
<i>PIK3C2B</i>	hCT7448	NM_002646	C2-PI3K, PI3K-C2beta	Class II
<i>PIK3C2G</i>	hCT1951422	NM_004570	PI3K-C2-gamma	Class II
<i>PIK3C3</i>	hCT13660	NM_002647	Vps34	Class III
<i>ATM</i>	hCT29277	NM_000051	AT1, ATA, ATC, ATD, ATE, ATDC	Class IV
<i>ATR</i>	hCT1951523	NM_001184	FRP1, SCKL, SCKL1	Class IV
<i>FRAP1</i>	hCT2292935	NM_004958	FRAP, MTOR, FRAP2, RAFT1, RAPT1	Class IV
<i>SMG1</i>	hCT2273636	NM_014006	ATX, LIP, KIAA0421	Class IV
<i>PRKDC</i>	hCT2257127	NM_006904	p350, DNAPK, DNPK1, HYRC1, XRCC7	Class IV
<i>TRRAP</i>	hCT32594	NM_003496	TR-AP, PAF400	Class IV
none	hCT2257641	none		Class IV
none	hCT13051	none		Class IV

\*PI3K genes are grouped into previously described classes (S3, S4). Class I, II and III comprise PI3K catalytic subunits, while class IV comprises PI3K-like genes including members of the mTOR (target of rapamycin), ATM (ataxia telangiectasia mutated), and DNAPK (DNA-dependent protein kinase) subfamilies, as well as two previously uncharacterized genes.

[35] We initially examined 111 exons encoding the predicted kinase domains of these genes (Table 2). The exons were polymerase chain reaction (PCR) amplified and directly sequenced from genomic DNA of 35 colorectal cancers (8). Only one of the genes (PIK3CA) contained any somatic (*i.e.*, tumor-specific) mutations.

**Table 2. Primers used for PCR amplification and sequencing**

Gene and Exon Name	Forward Primer <sup>1</sup>	Reverse Primer <sup>2</sup>	Sequencing Primer <sup>3</sup>
hCT2270768-Ex21	TTCCAGGCCCTGGGTAACAAAAG	CGTCAGAACAAAGACCCCTGTC	AAAGGGGAAATGCGTAGGAC
hCT2270768-Ex22	CCTGACCTCAGGTGTTCTGC	CCGGGCCACTAAGTTTTTC	TCCCAAAGTGCCTGGGATTAC
hCT2270768-Ex23	TGCACATTCTGCACGTATC	CTGCCATTAAATGCCTCTTG	CCAGAACTTAAAGTGAATTTAAAAG
hCT2270768-Ex24	TCCCAGTTGTATGCTATTGAG	CTTGGGCCCTTTTCACTTC	GCGAGGAAAACACAAAGC
hCT2270768-Ex25	TGGAAATTCAAAAGTGTGTTG	TGTCTGGCTTATTACACAG	TTGGAAAATGGCTGTACCTCAG
hCT2270768-Ex26	CACTAATGAAACCCCTCAAGACTG	AACTTTGACAGCCTACTATGTGC	TACTTGAGCCACAGG
hCT2270768-Ex 27- 1	TCCCTGGAAAGTGAACAATC	GACCATTCAATGAAAAGAACAGC	AAAGGAATGAAAGTGGTTTTGTC
hCT13660-Ex16	CTCTCACATACAACACCATCTCC	CCATGTACCGTAACAAAAAGAAG	TGCAATGTAATAGTTTCCAAGG
hCT13660-Ex17	ATGATCTCATTTGAAAACCCAAC	TGAGGTTCTAGGATCGTACCTG	CAGCAAATGAACTAAGCCACAG
hCT13660-Ex18	TCCCCAAAGTGTGCTGGGATTAC	GCAGGAAGGTCCAACCTGTC	TGCTATACATTTGCCACAAAC
hCT13660-Ex19	CCTATGACATAAAATGCCAGTACAAAC	ATCTTCAACTGCGAACATGC	GAATGCAATTATTCAGAGATGAGG
hCT13660-Ex20	TCTTTGTTCACTCAGTCAGCATCTCT	AAGGCATCAATGACTACTTTAAC	TGCTAGACACTTGTGGTCAC
hCT13660-Ex21	TTGAGAAATTCAATGAGAAACAG	TCCCCAAAGTGTGGGATTAC	TTGATATTAAAGTTGCAAAACTGC
hCT13660-Ex22	GAAGGCCACTCTCAAAACCTG	TTGGTGCCTTGTCAATTG	TCAATTGTTGACATATCACCTAC
hCT13660-Ex23	TCAAGGCTTGCATTCAATTG	ATGTGACTGTGGCAGGAAC	TCACTGTAGAAATCCAAGTACAC
hCT13660-Ex24	TTCCACACTCCAAAAGAATGC	GCTGGTGAATGTCAAAACG	TCTGCATCAGTTGATTTCTGC
hCT13660-Ex 25- 1	ATTGCAATCCCTTGTAGC	TCAACATATTACTCCTCAGAACTC	AATGCACTTTTTATTTTATTAG
hCT32594-Ex 66- 2	GCCAAAGACCAAGCACTCC	TTCTCCCATGTAGGGAAATC	GAAAAGTGCCTGGTTCTGAG
hCT32594-Ex 67- 1	ATAAACGACCGCTGGCCTAC	GACCCCTOAAAGGCTAACGTG	GCCTACACAGTCCGTTTCC
hCT32594-Ex 67- 2	GTACATCAGGGACACAATG	TCCCTGGTCAGCACAGACTAC	AGAGGAGCGGTGTGTTGCAG
hCT32594-Ex68	ACCGGGTTCTCCAGCTAAG	AGCTGTCATTTCCACCATC	ACTCTGACGGTGGAGCTGAG
hCT32594-Ex 69- 1	CAATGCGTGCCTAAATCTG	CGCGTGTGTTATGTCAAATC	GCTCTGGTCTAAGTTAAAGAGG

**Table 2. Primers used for PCR amplification and sequencing**

hCT32594-Ex 69- 2	CCCAATGCCACGGAACTAC	CGCGTGTGTTATGTCAAATC	ATCCAGCTGGCTCTGATAGG
hCT32594-Ex70	ATCCAGCTGGCTCTGATAGG	CATAACACACAGGGGGCTCC	TGAAACAGGCAAGATCCTCTCC
hCT32594-Ex71	CTGGTGCTGAAACTCGACTG	GAACCTGGGAGGGTGTG	GTCCCACCTGGTTAGGAAGC
hCT32594-Ex 72- 1	GTCTCGTGTCTCCCTCACT	TCCCTTTCTACACGAAAC	TGGCAATTCTGAAACGGTT
hCT32594-Ex 72- 2	CACAAACCTCGCCCCAGTT	CAGTTCCGCTGTACATTCACT	GCAAACAGGCTGACAATTC
hCT7976-Ex5	AGCATCACCTCTAGGACATAC	AGCGCTCTGCTTCAGTC	CACATATTCTGCCCCCTGTTG
hCT7976-Ex6	TGCCATACCTCTAGGACATTC	GTCTGGGGAGATCATCAC	TGTGGTCTTTGGAGCACAG
hCT7976-Ex7	CGACAGAGCAAGATTCCATC	TTTTGTACCCAGTTGAAATGC	CCAAGGTACATTGGAAAAC
hCT7976-Ex8	AGATTGCCATCTGAGGAAGG	GACTGGAAAAAGCATGAGC	ACCAGGCCCTTCTCTTGTG
hCT7976-Ex9	GCATGGAGAGGAAGTGAACC	GGAAAGTGTGGGCTTGTCTC	TTCCTCTCATGCATTGTG
hCT7976-Ex10	TGGCCAGAGAGGTTGATTATG	CGGTGATCATATAATTGTCATTG	GTGGCATCTGGCTGTCACTC
hCT7976-Ex 11- 1	CCCTCAATCTCTGGAAAG	TGACACAGTCCATCTTGTGTC	CAAATTAGTTTCTTGGCACTCC
hCT7976-Ex 11- 2	TGGTTTCTCTCATGGACAGG	AATGCCAGCTTTCAAAATGTC	TCTTCTTATCCAGGACATCTGTG
hCT7448-Ex21	GGGTGTCCACACCTCTCAGG	GGCCAAAGACCACATGGT/AAG	CCTGGGAGAGGTTGTGGTT
hCT7448-Ex22	CGGGAAAGAAACATGGCAG	TCTACATTAAGACAGCATGGAAC	GGCAGCATCTGGCTGAAAG
hCT7448-Ex23	GGTGTGAAGCTGAGTGAGCAG	TGCCTCCCTTTAAGGCTATC	GAGCACTGGGAGACCTGAG
hCT7448-Ex24	GTGGGAATGACCTCTCTTC	AGGTCCCTCTGCCAACAAAG	AGGAAGAGCATGAGCACAGTC
hCT7448-Ex25	GGATGAAGAGGGAGATGTAG	CGTCTCTCTCTCCCAATGC	TGAGTCTGTCTGGCTGTGG
hCT7448-Ex26	AGCCCCTCTATCCAGTGTG	GGTATTCACTGGGCTCAG	TGATGAGGGATGAGGGAAAAC
hCT7448-Ex27	TGCCACAGGCACTGTCTAC	TGTATCCACGTGGTCAGCTC	AGGGTTAGGGAGCCCTAGCTG
hCT7448-Ex 28- 1	ATTGTGTGCCAGTCATTGC	ACAGGACCGCTGGTCAAC	TCCTGGAAACACCCCTGTC
hCT1951523-Ex 39- 2	TTCCACATTAAGCATGAGCAC	TTGCCATCAGTACAATGAGTTAG	CAGTCATGATACTACACTTCCATC
hCT1951523-Ex40	GACAGTGTCTTCAATGGTCATAG	TTCCCTGCTTTTAAGAGTGATCTG	CAACTCTGAAATAAGCAATCTGG
hCT1951523-Ex41	CCACATAGTAAGCCTCAATGAC	AGGAAGGAAGGGATGGAAAAC	TTCTTTGGTTATGAAATGAAACATC
hCT1951523-Ex42	TGAAAAATGTTCCCTTATCTTG	AGAAACCCACTCATGAAAAA	TTGAATAAAAGTAGATGTTCTGTG
hCT1951523-Ex43	TCTGAGAACATCCCTGATCC	CGCATTACTACATGATCCACTG	TACCAAGAATAATAACGTTGTATGG
hCT2257127-Ex76	TCAGCTCTCTAATCCTGAACCT	TGTACACAGAAAGCATGAGACC	CGGCCTCTGGCACATAAAAC
hCT2257127-Ex 77- 1	AGCAGAGAGAAACATATACCAT	AGAAAATAACTGTCAATATCCCAGTATCAC	CCATTGAGCACTCCATTCAATTAC
hCT2257127-Ex 77- 2	CATTITGGGAAAGGGTTC	TCATTAACATTTAGTAATGTGTGTC	CCCTGGGAATCTGAAAGAATG

**Table 2. Primers used for PCR amplification and sequencing**

hCT2257127-Ex78	ATTACAGGGTGTAGCCACTG	AGGCAACAGGGCAAGAAGTC
hCT2257127-Ex 79- 1	TTTGGCACTGTCCTCAGAGG	CCTGAAAGGGAGAATAAAAGG
hCT2257127-Ex 79- 2	AGAGGGAACACCCCTTCCCTG	CCTGAAAGGGAGAATAAAAGG
hCT2257127-Ex80	TATAGCGTTGCCATGAC	TATTGACCCAGCCAGCAGAC
hCT2257127-Ex81	TCTGCCCTCTTGCATTTCATGA	TATATTGAGACTCAAATATCGA
hCT2257127-Ex82	TTGCCCTCAGAGAGATCATCAAG	TGATGCAATTCAAGGGTGTGAG
hCT2257127-Ex 83- 1	TAGGGGGCTAATCGTACTG	TTCAATGACCATGACAAAACG
hCT2257127-Ex 83- 2	TCTGATATGCATCAGOCACTG	TTCAATGACCATGACAAAACG
hCT2257127-Ex84	TGATTTCAAGGGAAAGCAGAG	TGGTTTCAAGCAGACAATCC
hCT2257127-Ex85	TGTAGAAAGCAAGGCTGCTC	TCCCTCCTCAATGAAAGCAGAG
hCT1951422-Ex19	ACCCCAAAGTCATCCAAGTG	CAATGTGATCCCAACTGGTC
hCT1951422-Ex20	AAAGGCTCCAGTTGATGGAC	TTATTGCCAATTGGAGTTGG
hCT1951422-Ex21	CTATTAACCACTCTAACGTCAAG	TTCTGTTGGCTTATCATTTTG
hCT1951422-Ex22	AAGCCCTCTCCAGAAAAGAAG	CCCGAAACACTAAATAAAATGCAG
hCT1951422-Ex23	CCCTCCCTGTCCTCACTGAGATG	AATCAAATTGTTGCATTAAAATC
hCT1951422-Ex24	TCTCAAGGTGCCCTACAATG	GTTCCTCATTCCTTCTCTTCC
hCT1951422-Ex25	AAAGACATTTGCCATGCAAAC	TTGGGAAAGGGAACACAAG
hCT1951422-Ex26	TTGTTGGCTCCAAATAAAC	GATTTTCCTGGAAACATCCTC
hCT13051-Ex5	CCCTGGAGTGCCTACATGAG	CGGGGATCAGATTGCTATG
hCT13051-Ex6	GACTTTAAACACTCGACATTAGAGC	TAGGGGGTCATCCCTGAGGTC
hCT13051-Ex7	ATGATGACCTCTGGCAGGAC	GTCTTCCCTGTCATCATCAC
hCT13051-Ex8	GAATCAACCGTCAGGTGTC	GACACGTTGGGCCAGCCAGT
hCT13051-Ex9	CTGGCACCGGGAAAACAGAG	CTGGCGGTATCTTCGACAGTT
hCT2282983-Ex40	TGGACATCGACTAACAGTCGG	TGAGTGAAGGGCAGACAGATG
hCT2282983-Ex41	TCCTTGGGGTTTGAAGAAG	TGGCACCTGAAACCATGTAAG
hCT2282983-Ex42	AAGGCCTCCAGACTCTTGC	CGTACATGCCGAAGTGTGTC
hCT2282983-Ex43	CCTCTTGTTCCTACCG	GCCCTGGTTAACCTTAAC
hCT2282983-Ex 44- 1	CTTCCACAGTGGGGTACAG	CCAGGCTCCAGCTCTGACTC
hCT2282983-Ex 44- 2	_GACACAACGGCAACATTATGCTG	TATCATCCACATGGTCAGC
	TTGTGTTTCTGGAGACAG	

**Table 2. Primers used for PCR amplification and sequencing**

hCT2292935-Ex46	CATTCAAAGGCATCTGGTTTAC	CAATGAGCATGGGAGAGATG	TTGGGACAAGTAATTGTTATTGC
hCT2292935-Ex47	TTGTGAGGAACGTGTGATTAGG	TGGAGTTCTGGGACTACAGG	TTGAATGCACTGGGCTCTC
hCT2292935-Ex48	CTGGGCAACAGGCAAGAC	CCTCTTCAAAAGCTGATTCTC	TCTGCCTGTTCTGAGCTG
hCT2292935-Ex49	TCCCTTCCTCCCTGGCTATG	CGCTCTACAGCCAATCACAG	GAACTCAGCTCTGGCTGGAC
hCT2292935-Ex50	ATAGGACACACTGCCCTCCAG	GGCAGACTGGCTCTCAAAAG	GGCAGACTGGCTCTCAAAAG
hCT2292935-Ex51	TGCAAGGTGGAGGGAG	ATCGTTGCCAACTCCCTAGC	ATCGTTGCCAACTCCCTAGC
hCT2292935-Ex52	AACCCAAGCTGCTTCCTTC	AATCAGTGCAAGGTGATGCAG	AATCAGTGCAAGGTGATGCAG
hCT2292935-Ex53	AGTCCTGCCCTGATCCCTC	ACATGGCCCTGTCGTGCTTC	ACATGGCCCTGTCGTGCTTC
hCT2292935-Ex54	CCCCACCCACTTATTCTCTGAG	GACTGGAAAGAAAATAACCAAGTT	GACTGGAAAGAAAATAACCAAGTT
hCT2292935-Ex55	CGGACATAGGGAAAGGATTGC	GGCAGGGCTTAAAGGAATAG	GGCAGGGCTTAAAGGAATAG
hCT2292935-Ex56	TTTCCCCCTTAGGGTAGGTAGG	AAAAAACGGGCACCCATTG	AAAAAACGGGCACCCATTG
hCT2292935-Ex57	TGGCCAAACTTTTCAAATCC	TTAACAAATGGGCACATGCAG	TTAACAAATGGGCACATGCAG
hCT2292935-Ex 58- 1	TGGGAGAGCTCAGGAATAC	GGTCATTCTCCATCAGCAAG	GGTCATTCTCCATCAGCAAG
hCT2273636-Ex 35- 1	TCCCCAAAGTGTGGATTAC	CACACCCACACTCACACAAAG	CACACCCACACTCACACAAAG
hCT2273636-Ex 35- 2	TTGGCTGCCATGACTAACAC	GGCACTGCAAGCTTAATATG	GGCACTGCAAGCTTAATATG
hCT2273636-Ex 36- 1	GCTCTAGTGTGCCTCATGG	GGGACCTCAAGCTTTCCCTC	GGGACCTCAAGCTTTCCCTC
hCT2273636-Ex 36- 2	AAGAAAACACCCGGTTCC	GGGACCTCAAGCTTTCCCTC	GGGACCTCAAGCTTTCCCTC
hCT2273636-Ex 37- 1	AAATTAGTTGAGTAATGAGAATGC	GGAAAGGGAGGGAGCAAAAC	GGAAAGGGAGGGAGCAAAAC
hCT2273636-Ex 37- 2	GTTAAAATTGGCCCTGCTTTG	CGTCTAAACTACCAAGTCTGG	CGTCTAAACTACCAAGTCTGG
hCT2273636-Ex38	CATAACCAACATGGAGAACCC	CACCCAGTGTCTTTCAATG	CACCCAGTGTCTTTCAATG
hCT2273636-Ex39	AATTGGCCTGGAGACAGAC	CGCCGCATAATGTGAAAC	CGCCGCATAATGTGAAAC
hCT2273636-Ex 40- 1	TTCATGTGAGCAGGTATGCTG	TGCCATATTAACACTGCCATTTC	TGCCATATTAACACTGCCATTTC
hCT2273636-Ex 40- 2	TTGTGTACGACCCCTGGGT	TGCCATATTAACACTGCCATTTC	TGCCATATTAACACTGCCATTTC
hCT2273636-Ex41	TTTGTACAGTGGAGGAACG	GCAGTCACTGAGACAGCTTTATC	GCAGTCACTGAGACAGCTTTATC
hCT7084-Ex17	CAGCTGGTTATGTGTGTTATGG	TAAGGCATAGCCTCGGAGAAC	GGGAGCAGGGTTATTGATTG
hCT7084-Ex18	TGTCCCTCATGGTTGCTTTTC	GGACCATTAATAGCTACCTCCCTG	GGTGGAGGTTTCCAAAGC
hCT7084-Ex19	CAGGGACATGCTATCAAAG	AGGCAGAACACATATTGAAAG	AGGCAGAACACATATTGAAAG
hCT7084-Ex20	TGGGGAACTTGTGTCATTTGTC	AAGGGCTATGTGTCATTTGTC	GCTGACTCTATGGGAGCATAC
hCT7084-Ex21	TCATACGGTTGGCAGCTC	CATCAAGCAAGCAAACAAATG	CAGAGGTATGGTTGGCTC

**Table 2. Primers used for PCR amplification and sequencing**

hCT7084-Ex22	ACAGAGGAGAAGGGCTCAG	TGGGGTCTAGGACTATGGAG
hCT7084-Ex23	TGGGACAATTTCGAGAAG	CCTCTCTGGCTAAGAAC
hCT7084-Ex 24- 1	ATGAAGCATGCTGGCTGATG	AAAAGCAGGGAAATCATCG
hCT2257641-Ex 1- 56	GGGGCCTTGAAGGAAG	TCCCATTCATGACCTGGAAG
hCT2257641-Ex 1- 57	TGGAGTTCTGTGAAATGAGC	GGGGCGTTAAGAGATCAG
hCT2257641-Ex 1- 58	AGAGGGAAACACCCCTTCCTG	CATGCCAAAGTCGATCC
hCT2257641-Ex 1- 59	CATGATGTTGGAGCTTACATCG	ACACATCCATGGGTGGGTG
hCT2257641-Ex 1- 60	CGGGATTGGAGACAGACATC	TGCCACAGGCCACATAGTCTC
hCT2257641-Ex 1- 61	CATCATGGTACAGGCACTCC	TTCTATCTGCAGACTCCCCACAG
hCT29277-Ex55	CTCAATCAGGCCGTGAAACC	GGAAAAAGAAAGCAGGAGAAC
hCT29277-Ex56	CCGGGCCCTAAAGTTGAGTTC	AAATGGAGAAAAAGCCTGGTT
hCT29277-Ex57	TGGGAGACTGTCAAGGGTG	AAGCAATCTCCACACTTGT
hCT29277-Ex58	TTCCCTCAAGGGAGCTTGTGTC	CTTCCTTTCACTCACACAC
hCT29277-Ex59	TTCCCTGTCCAGACTGTTAGC	TGATTTAATATGAAGATGGTTGG
hCT29277-Ex60	CCGGTTATGACATCTTTAAG	ACTCAGTACCCAGGCAGAG
hCT29277-Ex61	GCAGGCCAGAGCAGAAAGTAAAC	TCAAACCTCTGGCTAAAC
hCT29277-Ex62	TCTAATGAAAGGCCACTCTGC	CAGGCCACATCCCCATG
hCT29277-Ex63	AAGTGTGATGATGTTGTTCC	TGCCCTTCTCCACTCTTT
hCT29277-Ex64- 1	GATGACCAAGAATGCCAACG	AAGAGTGAAGCAGAGATGTTCC
NM_005026 Ex17	ATCATCTTAAGAACGGGGATGG	ACTAAGGCCTCAGGAGAGCCT
NM_005026 Ex18	CCTCAGATGCTGGGCCG	GATACTGGGAAAGAGAACCTACC
NM_005026 Ex19	TCTTCATGCCCTGGCTCTGG	GAGGGAGAGGGGGAG
NM_005026 Ex20	TCCGAGAGAGTGGCAGGTA	CACAAACCTGCCACATTGC
NM_005026 Ex21	GGGCAGGTTTGGGTGTCAT	CCTGGGGGGCTCAACTCT
NM_005026 Ex22	GGAAACTGGGGCTCTGG	GGCGTTCCGTTATGGC
hCT1640694-Ex 1- 1	GTTCCTGCTTTGGACAAACCAT	CTGCCTTCTGAGTAACACTTACG
hCT1640694-Ex 1- 2	CCCCCTCCTCAACTCTTC	GATTACGAAGGTATGGTTAGACAG
hCT1640694-Ex 2- 1	TCATCAAAATTGTTAACCTAGC	GGTGTAAAAATAGTTCCATAGTCG
		TATAAGCAGTCCCTGCCTTC

**Table 2. Primers used for PCR amplification and sequencing**

hCT1640694-Ex 2-2	TTCTGAACGTTGTAAGAACGCTG	GCTGGGATCTAGGGACCTC
hCT1640694-Ex 3-1	GCAGCCCCGCTCAGATAAAAC	AAAAAGCAATTCTGATAATGGATAAAG
hCT1640694-Ex 3-2	TCTGAAAATCAACCATGACTGTG	TCGAAGTATGTTGCTATCCTCTG
hCT1640694-Ex 4-1	TCTTGTGCTTCAACGTAATTC	AAAATAATAAGCATCAGCAATTGAC
hCT1640694-Ex 4-2	TCTCAACTGCCAAATGACTG	TTATTCCAGACGCCATTCCAC
hCT1640694-Ex5	TTTGAGATTGGATGTTCTCC	TTTGGAGTCTATCGAGTGTGTC
hCT1640694-Ex6	AATTCCCTGAAGGCTCTCCAAAG	TTCCCTGTTTCTGTTGGTTG
hCT1640694-Ex7	TGCTGAACCAGTCAAACTCC	TGAATTTCCTTTGGGAAG
hCT1640694-Ex8	GGGGAAAAAGGGAAATGG	TGGATCAAATCCAAATAAGTAAGG
hCT1640694-Ex9	TTTGGCTGAACCCCTATTGGTG	TTGCTTTCTGTAATCATCTGTG
hCT1640694-Ex10	GATTGGTTCTTCCCTGTCCTG	TATTTCATTATTATGTTGGAC
hCT1640694-Ex11	ACCTTTGGAACAGCATGCAA	GAAGTTAAGGCAGTTAGATGG
hCT1640694-Ex12	AAAACACCCCTAACATTTCATAG	ACCAAGTAATATCCACTTCTTCG
hCT1640694-Ex13	TTTATTCTAGATCCATACAACTCCCTT	TTTATTGGATTCAAAAATGAGTG
hCT1640694-Ex14	CTGAAAACCTCATGGTGGTTTTG	TCTCATGTGAGAAAAGGATTAGCAG
hCT1640694-Ex15	GAGTTCCATAATAAAATTGAGGTG	TGGCTTTCACTAGTTTCATGG
hCT1640694-Ex16	TTGCTTTCTGAAAGTTCTTTG	CATGTGATGGCGGTGATCC
hCT1640694-Ex17	GGGGAAAAGGCCAGTAAGGTC	AGGAATAACAAAACCCGACAG
hCT1640694-Ex18	TCCCTATTGTTGTCAGTGATTG	TGCACCTGTTCTTTCTC
hCT1640694-Ex19	CATGGTAAAAGACGATGGAC	TGGACAAGTAATGGTTTCTC
hCT1640694-Ex 20-1	TGGGGTAAAGGGAAATCAAAG	TGACATTGAGCAAAGACCTG
hCT1640694-Ex 20-2	TTGGCATACATTGAAAGACC	TTGGGATTTTGTTTGT

<sup>1</sup>SEQ ID NO: 6 to 165 (forward primers)

<sup>2</sup>SEQ ID NO: 166 to 325 (reverse primers)

<sup>3</sup>SEQ ID NO: 326 to 485 (sequencing primers)

Example 2—This example demonstrates the striking clustering of mutations within the PIK3CA gene

[36] All coding exons of PIK3CA were then analyzed in an additional 199 colorectal cancers, revealing mutations in a total of 74 tumors (32%) (Table 3 and examples in Figure 1).

**Table 3 . PIK3CA mutations in human cancers**

PIK3CA mutations*				Tumor type <sup>b</sup>								
Exon	Nucleotide	Amino acid	Functional domain	Colon	GBM	Gastric	Breast	Lung	Pancreas	Medullo- blastomas	Adenomas	Total
Exon 1	C112T	R38C	p85	1								1
Exon 1	G113A	R38H	p85	2								2
Exon 1	G263A	R88Q	p85	1								1
Exon 1	C311G	P104R	p85	1								1
Exon 1	G317T	G106V	p85	1								1
Exon 1	G323C	R108P	p85	1								1
Exon 1	del332-334	delK111										1
Exon 2	G363A	G118D										1
Exon 2	G365A	G122D										1
Exon 2	C370A	P124T										1
Exon 4	T1035A	N345K	C2	1								1
Exon 4	G1048C	D350H	C2	1								1
Exon 5	T1132C	C378R	C2	1								1
Exon 7	T1258C	C420R	C2	2								2
Exon 7	G1357C	E453Q	C2	1								1
Exon 9	C1616G	P539R	Helical	1								1
Exon 9	G1624A	E542K	Helical	9								10
Exon 9	A1625G	E542G	Helical	1								1
Exon 9	A1625T	E542V	Helical	1								1
Exon 9	G1633A	E545K	Helical	21								22
Exon 9	A1634G	E545G	Helical	1								1
Exon 9	G1635T	E545D	Helical	1								1
Exon 9	C1636A	Q546K	Helical	5								5
Exon 9	A1637C	Q546P	Helical	1								1
Exon 12	C1981A	Q661K	Helical	1								1
Exon 13	A2102C	H701P	Helical	1								1
Exon 18	G2702T	C901F	Kinase	1								1
Exon 18	T2725C	F909L	Kinase	1								2
Exon 20	T3022C	S1008P	Kinase	1								1
Exon 20	A3073G	T1025A	Kinase	1								1
Exon 20	C3074A	T1025N	Kinase	1								1
Exon 20	G3129T	M1043I	Kinase	2								2
Exon 20	C3139T	H1047Y	Kinase	2								2
Exon 20	A3140G	H1047R	Kinase	15								18
Exon 20	A3140T	H1047L	Kinase	1								1
Exon 20	G3145A	G1049S	Kinase	1								1
Tumors with mutations				74	4	3	1	1	0	0	2	
No. samples screened				234	15	12	24	11	12	76		
Percent of tumors with mutations				32%	27%	25%	8%	4%	0%	0%	3%	

\*Exon number with nucleotide and amino acid change resulting from mutation. Nucleotide position refers to position within coding sequence, where position 1 corresponds to the first position of the start codon. Functional domains are described in Fig. 1 legend. <sup>b</sup>Number of non-synonymous mutations observed in indicated tumors. Colon, colorectal cancers; GBM, glioblastomas; gastric, gastric cancers; breast, breast cancers; lung, lung cancers; pancreas, pancreatic cancers; adenomas, benign colorectal tumors. All mutations listed were shown to be somatic except for one colorectal cancer and one glioblastoma where no corresponding normal tissue was available. Mutations were identified in 58 of 201 mismatch repair (MMR) proficient colorectal cancers, and 16 of 33 MMR-deficient colorectal cancers. Some tumors with PIK3CA mutations contained mutations in KRAS or BRAF; while others did not, suggesting that these genes operate through independent pathways. Seven tumors contained two somatic alterations. In addition to the 92 non-synonymous mutations recorded in the table, we detected 3 synonymous alterations.

Example 3—This example demonstrates that the mutations in PIK3CA occur late in tumorigenesis.

[37] To determine the timing of PIK3CA mutations during neoplastic progression, we evaluated 76 pre-malignant colorectal tumors of various size and degree of dysplasia. Only two PIK3CA mutations were found (E542K and E542V), both in very advanced adenomas greater than 5 cm in diameter and of tubuluvillous type. These data suggest that PIK3CA abnormalities occur at relatively late stages of neoplasia, near the time that tumors begin to invade and metastasize.

Example 4—This example demonstrates that PIK3CA mutations in a variety of different cancer types.

[38] We then evaluated PIK3CA for genetic alterations in other tumor types (Table 1). Mutations were identified in four of fifteen (27%) glioblastomas, three of twelve (25%) gastric cancers, one of thirteen (8%) breast, and one of twenty four (4%) lung cancers. No mutations were observed in eleven pancreatic cancers or twelve medulloblastomas. In total, 89 mutations were observed, all but 3 of which were heterozygous.

Example 5—This example demonstrates the non-random nature of the genetic alterations observed.

[39] The sheer number of mutations observed in PIK3CA in five different cancer types strongly suggests that these mutations are functionally important. This conclusion is buttressed by two additional independent lines of evidence. First, analysis of the ratio of non-synonymous to synonymous mutations is a good measure of selection during tumor progression, as silent alterations are unlikely to exert a growth advantage. The ratio of non-synonymous to synonymous mutations in PIK3CA was 89 to 2, far higher than the 2:1 ratio expected by chance ( $P<1\times10^{-4}$ ). Second, the prevalence of non-synonymous changes located in the PI3K catalytic and accessory domains was ~120

per Mb tumor DNA, over 100 times higher than the background mutation frequency of nonfunctional alterations observed in the genome of cancer cells ( $P < 1 \times 10^{-4}$ ) (9).

- [40] Although the effect of these mutations on kinase function has not yet been experimentally tested, their positions and nature within PIK3CA imply that they are likely to be activating. No truncating mutations were observed and >75% of alterations occurred in two small clusters in exons 9 and 20 (Table 2 and Figure 1). The affected residues within these clusters are highly conserved evolutionarily, retaining identity in mouse, rat, and chicken. The clustering of somatic missense mutations in specific domains is similar to that observed for activating mutations in other oncogenes, such as RAS (10), BRAF (11, 12),  $\beta$ -catenin (13), and members of the tyrosine kinase (14).
- [41] These genetic data suggest that mutant PIK3CA is likely to function as an oncogene in human cancers.

Example 6—This example demonstrates that gene amplification of PIK3CA is not common.

- [42] Quantitative PCR analysis of PIK3CA in 96 colorectal cancers showed no evidence of gene amplification, suggesting that gene copy alterations are not a significant mechanism of activation in this tumor type. The primers used were:

Real time PI3K hCT1640694 20-1F (intron)

TTACTTATAGGTTTCAGGAGATGTGTT (SEQ ID NO: 486); and

Real time PI3K hCT1640694 20-1R

GGGTCTTCGAATGTATGCAATG (SEQ ID NO: 487)

[43] The Sequence Listing appended to the end of this application contains the following sequences:

SEQ ID NO: 1=coding sequence only (nt 13 to 3201 of SEQ ID NO: 2)  
SEQ ID NO: 2=mRNA sequence (NM\_006218)  
SEQ ID NO: 3=protein sequence (NP\_006209)  
SEQ ID NO: 4=exon 9  
SEQ ID NO: 5=exon 20  
SEQ ID NO: 6 to 165 =forward primers  
SEQ ID NO: 166 to 325=reverse primers  
SEQ ID NO: 326 to 485=sequencing primers  
SEQ ID NO: 486 and 487 amplification primers

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7. Catalytic subunits of PI3Ks were identified by analysis of InterPro (IPR) PI3K domains (IPR000403) present within the Celera draft human genome sequence. This resulted in identification of 15 PI3Ks and related PI3K genes. The kinase domain of PIK3CD gene was not represented in the current draft of human genome sequence and was therefore not included in this study.
8. Sequences for all annotated exons and adjacent intronic sequences containing the kinase domain of identified PI3Ks were extracted from the Celera draft human genome sequence (URL address: [www host server, domain name celera.com](http://www.celera.com)). Celera and Genbank accession numbers of all analyzed genes are available in Table 1. Primers for PCR amplification and sequencing were designed using the Primer 3 program (URL address: [http://www-genome.wi.mit.edu host server, cgi-bin domain name, primer directory, primer3\\_www.cgi subdirectory](http://www-genome.wi.mit.edu)), and were synthesized by MWG (High Point, NC) or IDT (Coralville, IA). PCR amplification and sequencing were performed on tumor DNA from early passage cell lines or primary tumors as previously described (12) using a 384 capillary automated sequencing apparatus (Spectrumedix, State College, PA). Sequence traces were assembled and analyzed to identify potential genomic alterations using the Mutation Explorer software package (SoftGenetics, State College, PA). Of the exons extracted, 96% were

successfully analyzed. Sequences of all primers used for PCR amplification and sequencing are provided in Table S1.

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We Claim:

1. A method of assessing cancer in a body sample of a human suspected of having a cancer, comprising the steps of:
  - determining a non-synonymous, intragenic mutation in a PIK3CA coding sequence in the body sample, wherein a wild-type PIK3CA coding sequence comprises the sequence shown in SEQ ID NO:2;
  - identifying the human as likely to have cancer if a non-synonymous, intragenic mutation in PIK3CA coding sequence is determined in the body sample.
2. The method of claim 1 wherein the body sample is a first tissue that is suspected of being neoplastic, and the method further comprises the steps of:
  - testing a second tissue that is not suspected of being neoplastic for the presence of the non-synonymous mutation, wherein the first and second tissue are isolated from the human;
  - identifying the non-synonymous, intragenic mutation as somatic if said mutation is absent in the second tissue.
3. The method of claim 1 wherein the non-synonymous, intragenic mutation is in exon 9 (SEQ ID NO: 4).
4. The method of claim 1 wherein the non-synonymous, intragenic mutation is in exon 20 (SEQ ID NO: 5).
5. The method of claim 1 wherein the non-synonymous, intragenic mutation is in PIK3CA's helical domain (nt 1567-2124 of SEQ ID NO: 2).
6. The method of claim 1 wherein the non-synonymous, intragenic mutation is in PIK3CA's kinase domain (nt 2095-3096 of SEQ ID NO: 2).
7. The method of claim 1 wherein the non-synonymous, intragenic mutation is in PIK3CA's P85BD domain (nt 103-335 of SEQ ID NO: 2).
8. The method of claim 1 wherein the body sample is colorectal tissue.
9. The method of claim 1 wherein the body sample is brain tissue.
10. The method of claim 1 wherein the body sample is gastric tissue.
11. The method of claim 1 wherein the body sample is breast tissue.

12. The method of claim 1 wherein the body sample is lung tissue.
13. The method of claim 1 wherein the body sample is blood, serum, or plasma.
14. The method of claim 1 wherein the body sample is sputum.
15. The method of claim 1 wherein the body sample is saliva.
16. The method of claim 1 wherein the body sample is urine.
17. The method of claim 1 wherein the body sample is stool.
18. The method of claim 1 wherein the body sample is nipple aspirate.
19. The method of claim 1 wherein PIK3CA exons consisting of 9 and 20 are tested to determine a non-synonymous mutation.
20. The method of claim 1 wherein PIK3CA exons comprising 9 and 20 are tested to determine a non-synonymous mutation.
21. The method of claim 1 wherein the non-synonymous, intragenic mutation is a substitution mutation.
22. The method of claim 1 wherein the non-synonymous, intragenic mutation is G1624A.
23. The method of claim 1 wherein the non-synonymous, intragenic mutation is G1633A.
24. The method of claim 1 wherein the non-synonymous, intragenic mutation is C1636A.
25. The method of claim 1 wherein the non-synonymous, intragenic mutation is A3140G.
26. The method of claim 1 wherein the body sample is tested for mutations at nucleotide positions 1624, 1633, 1636, and 3140 of PIK3CA coding sequence.
27. The method of claim 1 wherein the body sample is tested for mutations G1624A, G1633A, C1636A, and A3140G.
28. The method of claim 21 wherein the body sample is further tested for mutations G113A, T1258C, G3129T, and C3139T.
29. The method of claim 27 wherein the body sample is further tested for mutation G2702T.
30. The method of claim 1 wherein the non-synonymous, intragenic mutation is a deletion mutation.
31. A method of inhibiting progression of a tumor in a human, comprising the steps of: administering to the human an antisense oligonucleotide or antisense construct to a tumor, wherein the antisense oligonucleotide or RNA transcribed from the antisense construct is complementary to mRNA transcribed from PIK3CA

(SEQ ID NO: 2), whereby amount of p110 $\alpha$  protein expressed by the tumor is reduced.

32. The method of claim 31 wherein the antisense oligonucleotide or RNA transcribed from the antisense construct are complementary to a region of said mRNA which comprises an initial methionine codon of said mRNA.
33. A method of inhibiting progression of a tumor in a human, comprising the steps of: administering to the human siRNA comprising 19 to 21 bp duplexes of a human PIK3CA mRNA with 2 nt 3' overhangs, wherein one strand of the duplex comprises a contiguous sequence selected from mRNA transcribed from PIK3CA (SEQ ID NO: 2), whereby amount of p110 $\alpha$  protein expressed by the tumor is reduced.
34. The method of claim 33 wherein the contiguous sequence comprises an initial methionine codon of said mRNA.
35. A method of inhibiting progression of a tumor, comprising the steps of: administering a molecule comprising an antibody binding region to a tumor, wherein the antibody binding region specifically binds to p110 $\alpha$  (SEQ ID NO: 3).
36. The method of claim 35 wherein the antibody binding region specifically binds to the kinase domain (nt 2095-3096 of SEQ ID NO: 2) of PIK3CA.
37. The method of claim 35 wherein the antibody binding region specifically binds to the helical domain (nt 1567-2124 of SEQ ID NO: 2) of PIK3CA.
38. The method of claim 35 wherein the antibody binding region specifically binds to the P85BD domain (nt 103-335 of SEQ ID NO: 2) of PIK3CA.
39. A method of identifying candidate chemotherapeutic agents, comprising the steps of: contacting a wild-type or activated mutant p110 $\alpha$  (SEQ ID NO: 3) with a test compound; measuring p110 $\alpha$  activity; identifying a test compound as a candidate chemotherapeutic agent if it inhibits p110 $\alpha$  activity.

40. The method of claim 39 wherein a mutant form of the p110 $\alpha$  is contacted with the test compound, said mutant form comprising a substitution mutation selected from the group consisting of E542K, E545K, Q546K, and H1047R.
41. The method of claim 39 wherein the test compound is identified as being a candidate chemotherapeutic agent for treating tumors with an activating mutation of p110 $\alpha$ .
42. The method of claim 39 wherein the test compound is identified as being a candidate chemotherapeutic agent for treating tumors with a substitution mutation of PIK3CA.
43. The method of claim 39 wherein the test compound is identified as being a candidate chemotherapeutic agent for treating tumors with an activating mutation of PIK3CA in its kinase domain (nt 2095-3096 of SEQ ID NO: 2).
44. The method of claim 39 wherein the test compound is identified as being a candidate chemotherapeutic agent for treating tumors with an activating mutation of PIK3CA in its helical domain (nt 1567-2124 of SEQ ID NO: 2).
45. The method of claim 39 wherein the test compound is identified as being a candidate chemotherapeutic agent for treating tumors with an activating mutation of PIK3CA in its P85BD domain (nt 103-335 of SEQ ID NO: 2).
46. The method of claim 39 further comprising the steps of:
  - contacting the test compound with one or more enzymes selected from the group consisting of: PIK3CB, PIK3CG, PIK3C2A, PIK3C2B, PIK3C2G, PIK3C3, A-TM, ATR, FRAP1, LAT1-3TM, SMG1, PRKDC, and TRRAP;
  - identifying a test compound as a specific candidate chemotherapeutic agent if it inhibits one or more of said enzymes less than it inhibits p110 $\alpha$ .
47. The method of claim 46 wherein a test compound which inhibits PIK3CB, PIK3CG, PIK3C2A, PIK3C2B, PIK3C2G, and PIK3C3 less than it inhibits p110 $\alpha$  (PIK3CA) is identified as a highly specific candidate chemotherapeutic agent.
48. The method of claim 46 wherein a test compound which inhibits p110 $\alpha$  more than it inhibits PIK3CB and PIK3CG is identified as highly specific.
49. The method of claim 39 wherein the step of contacting is performed in a cell-free system.
50. The method of claim 39 wherein the step of contacting is performed in whole cells.

51. A method for delivering an appropriate chemotherapeutic drug to a patient in need thereof, comprising:
  - determining a non-synonymous, intragenic mutation in a PIK3CA coding sequence (SEQ ID NO: 1) in a body sample of a patient;
  - administering a p110 $\alpha$  inhibitor to the patient.
52. The method of claim 51 wherein the p110 $\alpha$  inhibitor is LY294002.
53. The method of claim 51 wherein the p110 $\alpha$  inhibitor is wortmannin.
54. The method of claim 51 wherein the p110 $\alpha$  inhibitor is a molecule comprising an antibody binding region specific for p110 $\alpha$ .
55. The method of claim 54 wherein the antibody binding region binds to the kinase domain (nt 2095-3096 of SEQ ID NO: 2).
56. The method of claim 54 wherein the antibody binding region binds to the helical domain (nt 1567-2124 of SEQ ID NO: 2).
57. The method of claim 54 wherein the antibody binding region binds to the P85BD domain (nt 103-335 of SEQ ID NO: 2).
58. A set of one or more primers for amplifying and/or sequencing PIK3CA, said primers selected from the group consisting of forward primers, reverse primers and sequencing primers, wherein the forward primers are selected from the group consisting of: SEQ ID NO: 6 to 165, the reverse primers are selected from the group consisting of: SEQ ID NO: 166 to 325, and the sequencing primers are selected from the group consisting of: SEQ ID NO: 326 to 485.
59. The set of claim 58 wherein the one or more primers comprise at least one forward and one reverse primer for amplifying a segment of PIK3CA.
60. The set of claim 58 wherein the one or more primers comprise at least one forward, one reverse, and one sequencing primer for amplifying and sequencing a segment of PIK3CA.
61. The set of claim 58 wherein the one or more primers comprise all of said forward, reverse, and sequencing primers.
62. The set of claim 58 which is in a single divided or undivided container.
63. The set of claim 59 which is in a single divided or undivided container.
64. The set of claim 60 which is in a single divided or undivided container.

65. The set of claim 61 which is in a single divided or undivided container.

## **MUTATIONS OF THE PIK3CA GENE IN HUMAN CANCERS**

### **Abstract of the Invention**

Phosphatidylinositol 3-kinases (PI3Ks) are known to be important regulators of signaling pathways. To determine whether PI3Ks are genetically altered in cancers, we analyzed the sequences of the PI3K gene family and discovered that one family member, PIK3CA, is frequently mutated in cancers of the colon and other organs. The majority of mutations clustered near two positions within the PI3K helical or kinase domains. PIK3CA represents one of the most highly mutated oncogenes yet identified in human cancers and is useful as a diagnostic and therapeutic target.

Fig. 1

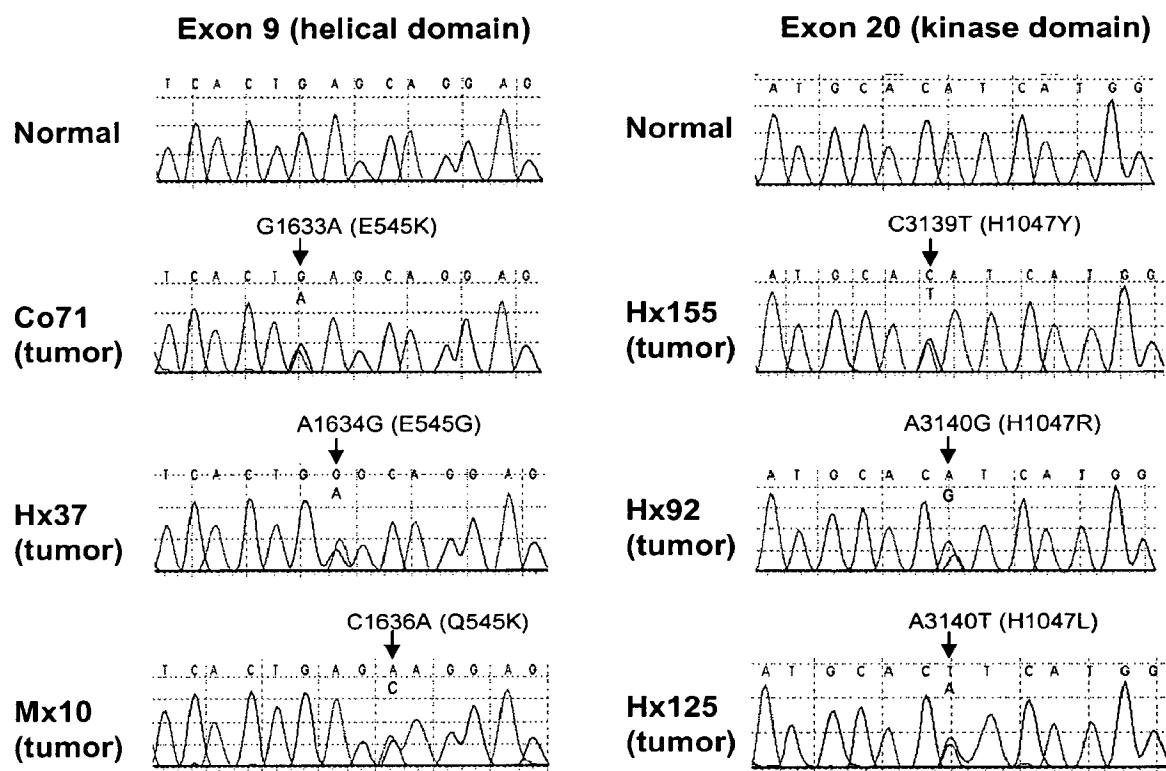


Fig. 2

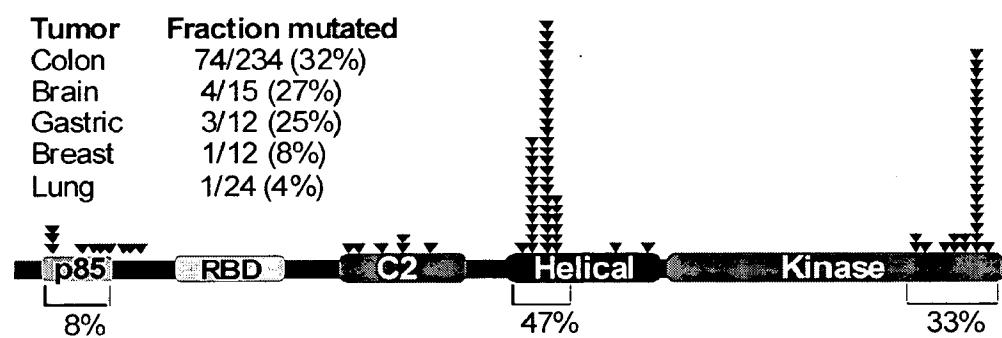
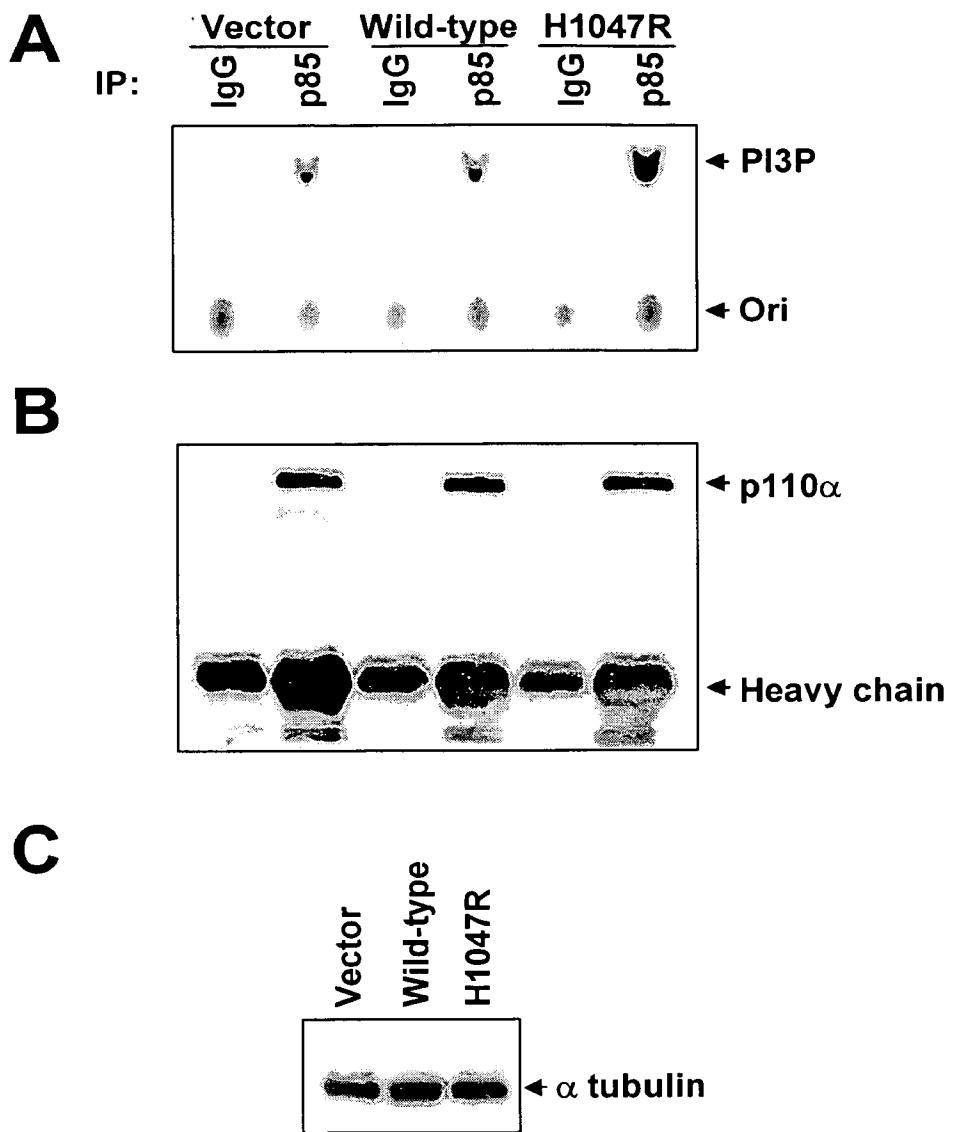


Fig. 3



## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Provisional  
Subject Matter::  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: PAPER  
Computer Readable Form (CRF)?:: NO  
Number of copies of CRF::  
Title:: Mutations of the PIK3CA Gene in Human Cancers  
Attorney Docket Number:: 001107.00428  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: YES  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency:: National Institutes of Health  
Contract or Grant Numbers:: CA 43460, CA 62924  
Secrecy Order in Parent Appl.?:: NO

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Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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Country::	Application number::	Filing Date::	Priority Claimed::

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 Vogelstein, Bert

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&lt;213&gt; Homo sapiens

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685261\_3

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